

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/088657

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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45						
46						
47						
48						
49						
50						
TOTAL IND.			1			
TOTAL DEP.			15			
TOTAL CLAIMS			76			

TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS

100
100
100

TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS

100
100
100

TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS

100
100
100